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Kristen Jones-Bonofiglio, *Health Care Ethics Through the Lens of Moral Distress*

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Résumé de l'article

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COMPTE RENDU / REVIEW

Review of: Kristen Jones-Bonofiglio, *Health Care Ethics Through the Lens of Moral Distress*

Canadian Bioethics Society / Société canadienne de bioéthique
En collaboration avec / In collaboration with

Clarisse Paron[a]

Résumé
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Mots-clés
détresse morale, relationnelle, éthique des soins de santé

Abstract
Concerns of moral distress in health care have never been more relevant. In her book, *Health Care Ethics Through the Lens of Moral Distress*, Kristen Jones-Bonofiglio provides a comprehensive review of the effects of moral distress on providers and health care delivery, while highlighting the complexities of making ethical decisions in practice. Jones-Bonofiglio's thoroughness and use of interdisciplinary, historical, and cultural scholarship makes this book an excellent introductory resource on moral distress for health care providers and researchers alike.

Keywords
moral distress, relational, health care ethics

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INTRODUCTION

The COVID-19 pandemic has strained healthcare systems across the globe, leading to widespread moral distress and burnout among frontline workers. Written just prior to the pandemic, Jones-Bonofiglio's book (1) is a timely and relevant resource for interdisciplinary health researchers and practitioners alike. The book aims to redirect attention towards the needs of carers by highlighting the negative effects of moral distress on providers, teams, healthcare systems, and patients. Jones-Bonofiglio emphasizes that experiences of moral distress in health care workers not only affect the resiliency of providers but their ability to provide patient-centred care. She approaches the topic from a relational perspective to highlight the complex and multi-faceted experiences of moral distress in various contexts. The strength of Jones-Bonofiglio's position is her use of wide-ranging interdisciplinary, historical, and contemporary scholarship – a refreshing deviation from bioethics works that frequently ignore Indigenous and non-western frameworks. She draws on other cultural concepts and frameworks, such as *ubuntu*, *kintsugi*, and *sisu*, as well as narrative reframing and fables, to underscore the importance of compassion and relationality of health care providers and their practices. Jones-Bonofiglio encourages empathy and self-compassion, while combating the harmful norms and expectations of providers as "detached impartial observers" who should distance themselves from patients to prevent moral suffering and preserve their objectivity.

In the first two chapters, Jones-Bonofiglio defines moral distress and related concepts, highlighting the widespread impact of moral distress on health care practitioners and teams. She defines moral distress as "an experience where a moral decision has been made about what to do in an ethically challenging situation, but the desired action cannot be carried out" (1). Positioning this definition as too narrow, Jones-Bonofiglio adopts Kälvemark Sporrong and Wilkinson's definitions of moral distress as a psychological state of disequilibrium, where going against one's better judgment and the perception of being unable to meet one's professional obligations results in a complex physical, emotional, cognitive, and behavioural reaction. In her view, moral distress does not arise in all situations where there is a moral dilemma or moral uncertainty; but it can arise where there are unavoidable external pressures such as resource and policy constraints, poor communication, and problematic workplace cultures. Over time, these features erode moral confidence, leading to what Jones-Bonofiglio describes as moral stress (a "more physiological [response]…that results from health care providers possessing a sensitivity for moral issues"), moral residue (the experience of emotional, psychological, and even existential pain that can linger long after one's values have been compromised), or moral outrage (the experience of anger that arises in response to a violation of one's morals and integrity).

In Chapter 3, Jones-Bonofiglio uses a socio-ecological framework to trace the effect of moral distress on the provision and consumption of healthcare from a holistic and contextual perspective. In considering structural, institutional, systemic, relational, and individual contributions to the experience of moral stress, Jones-Bonofiglio argues that moral distress has a ripple effect on each of these components of the healthcare system – ultimately impairing the ability to provide patient-centred

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care. In addition to considering temporal and spatial factors, she calls on future researchers to consider how macro, meso, and micro systems contribute to a provider's experience of moral distress and potential solutions.

Chapters 4 and 5 contextualize moral distress research in acute care and community settings. By the end of the fifth chapter, the author presents a convincing argument as to why moral distress leads to negative outcomes for individual carers and the healthcare system that leaves readers keen to mitigate moral distress in practice. However, in Chapter 6, Jones-Bonofiglio argues that moral distress should not be completely avoided because that "would mean that ethical questions are not being raised, addressed, or resolved. It would mean that individuals would choose to silence the call of their ethical beliefs and ignore their moral compass". After five chapters that detail the negative effects of moral distress, Chapter 6 introduces moral distress as an indicator that health care professionals are engaging with ethics in practice. In her opinion, health care (especially nursing) has a moral component, therefore moral distress is unavoidable – the problem "is in the response to suffering that has costs and consequences".

Moral distress does not simply occur because providers are in close proximity to patient suffering (Chapter 7) or because they care too much (Chapter 6); it occurs because providers act against their better judgment or feel like they have not met their professional obligation. Since moral distress strongly relates to a loss of agency or moral identity, the impact of agency and institutional support should not be overlooked. Jones-Bonofiglio argues that moral courage, team collaboration, institutional support, and ethical competence help to prevent and mitigate the negative effects of moral distress on providers. These solutions work by improving agency and aiding providers in developing strong moral identities and confidence.

Based on this argument, I wonder whether moral distress is truly necessary for providers to engage with ethics in practice. Admirably, Jones-Bonofiglio has realistic goals for ethics in practice. In a non-ideal world, where there are resource constraints, communication issues, and novel situations that existing systems are ill-equipped to handle, a level of moral distress is valuable because it means that providers are engaging with ethical issues instead of ignoring or disengaging from them. However, missing from this analysis is a comprehensive description of what is an "acceptable" level of moral distress, what it looks like, or how it might be achieved. If providers are empowered to be involved in ethical decision-making and develop strong moral courage, then I wonder if moral distress must remain an unavoidable part of practice, particularly if it leads to such negative outcomes. As a philosopher, I was left wondering whether moral distress should be accepted as an unavoidable aspect of contemporary health care. I hope that Jones-Bonofiglio expands further on the idea that there is some value to moral distress. In Chapters 8 to 10, Jones-Bonofiglio summarizes protective factors for health care providers, noting how they can practice ethics and compassion, learn to be more resilient, and set healthy boundaries. Chapter 10 offers practical recommendations for providers, teams, and institutions for preventing moral distress. Although Jones-Bonofiglio details numerous evidence-based, individual-level strategies for providers, greater attention to institutional-level strategies – perhaps in a sequel or second edition – would be useful. In taking a relational approach to the topic, more discussion about the external factors that are outside of providers' control and that contribute to moral distress is critical.

Health Care Ethics Through the Lens of Moral Distress is an excellent introductory resource for researchers and providers who are interested in an evidence-based view of moral distress. Jones-Bonofiglio provides a comprehensive review of the relevant research and offers many resources for further reading. She notes that one of the biggest challenges to researching moral distress is the lack of clarity and agreement on how to separate moral distress from related moral emotions, and, arguably, this lack of conceptual precision permeates this book as well. While her arguments mostly relate to a nursing experience, a wide range of health care providers in acute and community settings would benefit from reading this book if they are looking to make sense of their experiences of moral distress, and for methods to mitigate moral stress or distress in their practice.

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REFERENCES

1. Kristen Jones-Bonofiglio. Health Care Ethics Through the Lens of Moral Distress. Cham, Switzerland: Springer International, 2020.